Notes: Letter of intent for promotion in the Department of Family Practice should address the **Departmental Clinical Faculty Appointment and Promotions Committee, UBC Department of Family Practice**. Please forward the letter with your promotion package to your Site Administrator or to the Clinical Faculty Coordinator, UBC – Family Practice at [clin-fac@familymed.ubc.ca](mailto:clin-fac@familymed.ubc.ca).

Date

Department of Clinical Faculty Appointment and Promotions Committee

UBC Department of Family Practice

David Strangway Building

320-5950 University Blvd

Vancouver, BC V6T 1V6

**Re: Appointment/Promotion to Clinical Assistant Professor/Clinical Associate Professor/Clinical Professor**

Dear Committee Members:

Thank you very much for considering my application for the rank of Clinical Assistant Professor/Clinical Associate Professor/Clinical Professor.

*Important Notes: As reflected in your Faculty of Medicine Abbreviated CV, it should be clear in which area(s) you have made the most significant contributions. Your letter should highlight your accomplishments and outline how you meet each criterion that you are applying for since the last promotion or first appointment. It is not meant to replicate the information in your CV, rather it should provide a high level summary (supported by metrics where appropriate) that speaks to your scholarly contributions and their impact. Please comment on the following in a one- to two-page letter:*

1. Clinical. Describe the scope of your clinical practice and specific clinical areas where you are considered to be an expert by your colleagues in your specialty discipline. Supporting evidence might include programs you lead, invitations to participate on special expert panels/working groups/guideline development/meeting organization. Publications/chapters related to clinical expertise can be summarized here. If there are specific clinical contributions to note, please describe here. Mention any initiatives (teaching, scholarly) that have been developed as related to one’s clinical work.
2. Teaching. Summarize where you do most of your teaching – UBC UGME, PGME, allied healthcare, other. You may include number of hours of academic contributions over a two-year period, course/new curriculum design and development, development of educational materials, teaching interests, list of courses taught, didacting and clinical teaching, student supervision (type and numbers), participation in examinations (i.e. OSCE, CCFP), education committees, teaching awards, etc. You can also describe CME contributions, Educational Leadership, Curriculum Development, and Other Teaching Activities.
3. Faculty Development. Describe your participation and objectives in terms of development as a teacher, completion of any teacher training courses. (Examples: Peer to Peer Program, Optimizing the Learning Environment: Large/Small Groups Modules, Teacher Certificate Program etc.) The Office of Faculty Development at UBC offers several formal and informal teaching courses/workshops. Here are some Faculty Development Resources: <https://facdev.med.ubc.ca/home-page/resources> and <https://postgrad.familymed.ubc.ca/faculty-preceptor-resources/faculty-development/>)
4. Scholarly Activities. Comment on your: **Scholarship of Education/Educational Leadership** –Examples might include the development of new curriculum, innovative teaching/evaluation methods and activities related to education leadership roles such as program director, departmental committees, UBC committees, UGME roles, Royal College, educational activities for professional societies. This section is meant to capture notable activities of an ongoing nature that may support your recognition by your peers. **Professional Contributions –**Describe your administrative and/or leadership contributions at local and provincial (at Clinical Assistant Professor level), provincial and/or national (at Clinical Associate Professor level) or national and/or international (at Clinical Professor level) organizations due to unique expertise. For example, these contributions might lead to new public policy development, redefining best practices for care using novel approaches, developing a national competency framework for inter-professional practice. Such activities typically have broad societal benefits and are not readily linked with other clinical and scholarly contributions already mentioned. Public educational activities might be captured here, especially at the national level.  **Research –** (if applicable) describe area(s) of focus and whether your role is as the project lead (PI or co-PI), collaborator (what unique expertise do you bring to the project) or as the site lead for multicentre studies. If your contributions are substantial it would be helpful to provide summary metrics such as: total grant funding during review period (as PI, co-investigator, collaborator/site lead) , total publications (first, senior and co-author), published abstract number, total number of invited talks (local, national, international summarized separately) related to research (can be combined when overlaps with clinical expertise).
5. Administrative/Service Contributions. There are three levels of service: University, Hospital/Health Authorities, and Community. Mention any noteworthy contributions not captured above. Administration may include organization of courses or parts thereof, responsibility for special programs, formal administrative posts or service on hospital, agency, professional organization, the FOM or UBC committees. (Examples - Acute hospital/LTC committee work, any community health care advisory role(s), involvement in any local Divisions of Family Practice initiatives, editorship, faculty developmet, service awards of recognition, etc.)

Concluding paragraph.

Sincerely,

Insert Signature Line